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23363 7590 02/10/2005

**CHRISTIE, PARKER & HALE, LLP**  
**PO BOX 7068**  
**PASADENA, CA 91109-7068**

04/14/2005 MAHME2 00000032 09825897

01 FC:1501 1400.00 OP  
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**Susanne C. Garcia**

(Depositor's name)

*Susanne C. Garcia*

(Signature)

**April 11, 2005**

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/825,897	04/04/2001	Tracy D. Mallory	42138/RJP/E264	3727

TITLE OF INVENTION: METHOD OF ENHANCING NETWORK TRANSMISSION ON A PRIORITY-ENABLED FRAME-BASED COMMUNICATIONS NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
EL CHANTI, HUSSEIN A	2157	709-200000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 **Christie, Parker & Hale, LLP**
- 2
- 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Broadcom Corporation****Irvine, California**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **10**

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **03-1728** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **April 11, 2005**Typed or printed name **Richard J. Paciulan**Registration No. **28,248**

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